

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1							
2							
3							
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44							
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46							
47							
48							
49							
50							
TOTAL IND.	11						
TOTAL DEP.	9						
TOTAL CLAIMS	13						
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							